

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/27/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	43	10/1/99
FORMALITY REVIEW	<i>[Signature]</i>	69464	10/15/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/23/00
2	✓	✓	11/9/00
3	✓	✓	4/22/01
4	✓	✓	6/24/01
5	✓	✓	7/17/02
6	✓	✓	2/10/03
7	✓	✓	9/24/03
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	5/17/02
52	✓	✓	2/10/03
53	✓	✓	9/24/03
54	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)